	Complete and send t	his form, together win		ee(s), to: <u>M</u>	P.O. Box 1450 Alexandria, Vir	E FEE or Patents ginia 22313-1450	
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•	09/593,149	06/14/2000	•	Michael A.	Vaudrev	10551/88	8117
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The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form). Deposit Account Number_ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Wellam)cels Authorized Signature

09 Sept. 2005

William K. Wells Typed or printed name

27,042 Registration No. _

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